DISCHARGE SUMMARY		
NAME:		DATE:
SERVICE PERIOD	TO	
REASON FOR DISCHARGE		
SUMMARY OF PROGRAM STAY (include length and description of services)		
LEGAL STATUS		
D.S.S. INFORMATION Open or closed case:		
Workers name, office, telephone		
LENGTH OF TIME CLEAN AND S	OBER	
CURRENT ALCOHOL/DRUG USE		



MEDICATIONS	
PLAN FOR CONTINUATION	
VOCATIONAL/EDUCATIONAL/FINANCIAL STATU	S
DISCIPLINARY ACTION (attach any non-compliance w	varnings)
REASONS AND NOTIFICATIONS OF GRIEVANCE _	
REFERRAL	
FOLLOW UP PLAN 12 Step meetings	
Group Counseling	
Individual counseling	
Resources needed and referrals made	
Aftercare services by program	
STAFF SIGNATURE	DATE

